

## James M. Eyre, Jr., D.M.D., M.D.

Diplomate of American Board of Oral and Maxillofacial Surgery

Park Place Building 250 Church Street S.E., Suite 102 Salem, Oregon 97301 (503) 581-1999 • Fax (503) 581-1107 www.SalemOralSurgery.com

Patient Na	ame	Phone					
Referring	Doctor	Date					
X-rays:	Sent with patient	Emailed					
	□ Mailed	None available, please take					
SERVIC	ES						
	ULTATION						
🖵 Ext	ractions	Orthognathic Surgery					
🖵 тм	J	Cosmetic Surgery					
🖵 Fac	cial Trauma / Reconstruction	Tooth Exposure / Bonding					
🖵 Imp	olants – Craniofacial	Biopsy / Pathology					
🖵 Imp	plants – Dental	Skin Lesion					
	DS	Botox / Fillers					
		Other (see below)					
PROCE	DURES						

REMOVE CIRCLED TEETH

PERMANENT

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
RIG	RIGHT DECIDUOUS									L	EFT				
			А	В	С	D	Е	F	G	Н	Т	J			
			т	S	R	Q	Р	0	Ν	М	L	к			

COMMENTS ——

Your appointment has been scheduled for:

Date \_\_\_\_

Time

## INSTRUCTIONS TO PATIENT:

- 1. Please bring all dental and medical insurance information with you if you wish our office to bill your insurance company for you. Full payment of estimated co-payments are expected at time of treatment.
- 2. Please advise us prior to appointment if Pre-Med antibiotic is required for heart condition or joint prosthesis.
- 3. Patients under the age of 18 must be accompanied by a parent or legal guardian.
- 4. When scheduling please inform us if you are on a blood thinner.